



**DEPARTMENT OF THE ARMY**  
WASHINGTON, D.C. 20310

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DASG-HS

14 July 2000

**Expires 14 July 2002**

**SUBJECT: Army Ergonomics Program**

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**1. Purpose.** This letter prescribes the goals and responsibilities for the Department of the Army Ergonomics Program and establishes the Ergonomics Subcommittee. The information in this letter will be incorporated into the next revision of Army Regulation (AR) 40-5. When the revision of AR 40-5 is published, it will supersede this letter.

**2. Proponent and exception authority.** The proponent of this letter is The Surgeon General. The Surgeon General has the authority to approve exceptions to this letter that are consistent with controlling law and regulation. The Surgeon General may delegate the approval authority, in writing, to a division chief within the proponent agency who holds the grade of colonel or the civilian equivalent.

**3. References.**

- a. AR 40-5, Preventive Medicine.
- b. AR 385-10, The Army Safety Program.
- c. Department of Defense Instruction (DODI) 6055.1, DOD Safety and Occupational Health (SOH) Program.

**4. Explanation of abbreviations and terms.**

*a. Abbreviations.*

- (1) AR--Army Regulation.
- (2) DODI--Department of Defense Instruction.
- (3) FECA--Federal Employees Compensation Act.
- (4) IEO--Installation Ergonomics Officer.
- (5) IMA--Installation Medical Authority.
- (6) SOHAC--Safety and Occupational Health Advisory Council.
- (7) WMSD--work-related musculoskeletal disorder.

*b. Terms.*

- (1) *Ergonomics.* The field of study that seeks to fit the job to the person, rather than the person to the job. This is achieved by the evaluation and design of workplaces,

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environments, jobs, tasks, equipment, and processes in relationship to human capabilities and interactions in the workplace.

(2) *Surveillance.*

a. *Active.* A procedure that involves actively seeking information to target and assess problematic work areas, job series, and tasks.

b. *Passive.* The systematic analysis of data provided in existing reports and data sources such as outline injury reports, log and summary of occupational injuries and illnesses, Federal Employees Compensation Act (FECA) claims, medical and safety records, and work force reports and suggestions.

(3) *Workplace risk factors (ergonomic).* Actions in the workplace, workplace conditions, or a combination thereof, that may cause or aggravate a work-related musculoskeletal disorder (WMSD). Workplace risk factors include, but are not limited to, repetitive, forceful or prolonged exertions; frequent or heavy lifting; pushing, pulling, or carrying of heavy objects; a fixed or awkward work posture, contact stress; localized or whole-body vibration; cold temperatures; and poor lighting (leading to awkward postures). These workplace risk factors can be intensified by work organization characteristics, such as inadequate work-rest cycles, excessive work pace and/or duration, unaccustomed work, lack of task variability, machine work, and piece rate.

(4) *Work-related musculoskeletal disorder (ergonomic).* An injury or an illness of the muscles, tendons, ligaments, peripheral nerves, joints, cartilage (including intervertebral discs), bones and/or supporting blood vessels in either the upper or lower extremities, back, or neck, that is associated with musculoskeletal disorder workplace risk factors and is not limited to cumulative trauma disorders, repetitive strain injuries or illnesses, repetitive motion injuries or illnesses, and repetitive stress injuries or illnesses. Refers collectively to signs, persistent symptoms, or clinically diagnosed WMSDs when they are caused or aggravated by exposure to workplace risk factors.

## **5. Background.**

a. In a memorandum signed on 4 February 1997, the Deputy Under Secretary of Defense (Environmental Security) established the Ergonomics Program interim requirements and procedures for the control of work-related musculoskeletal injury and illness. On 18 May 1998, the Deputy Assistant Secretary of the Army (Environment, Safety, and Occupational Health) signed a policy memorandum outlining the Army's roles and responsibilities.

b. These memorandums directed that, as a minimum, the Ergonomics Program will—

(1) Interface with existing programs.

(2) Include a written plan with goals and objectives.

(3) Address the five critical program elements—workplace analysis, hazard prevention and control, health care management, education and training, and program evaluation. The degree of emphasis on each critical program element will vary according to the hazards and concerns at each installation.

(4) Assist in procurement initiatives to ensure ergonomic design criteria are considered.

c. The U.S. Army Center for Health Promotion and Preventive Medicine and the U.S. Army Safety Center will provide support to commanders in developing and implementing installation ergonomics programs.

## **6. Goals.** The goals of the Ergonomics Program are to—

a. Prevent injuries and illness by eliminating or reducing worker exposure to WMSD risk factors.

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- b.* Reduce the potential for fatigue, error, and unsafe acts by adapting the job and workplace to the worker's capabilities and limitations.
- c.* Increase the overall productivity of the work force.
- d.* Reduce workers' compensation claims and associated costs.
- e.* Improve overall unit readiness.

**7. Responsibilities.***a.* Installation commanders will—

(1) Establish an Ergonomics Subcommittee under the Safety and Occupational Health Advisory Council (SOHAC) and integrate ergonomics into all phases of the Occupational Safety and Health Program.

(2) Approve the installation ergonomics policy and plan based on the recommendations of the SOHAC.

(3) Support the Ergonomics Program, demonstrate commitment, and provide necessary resources based on the magnitude of the WMSD problem and local command priorities.

(4) Designate an Installation Ergonomics Officer (IEO) selected from the medical assets of the installation or, in the absence of medical assets, from the installation's safety assets or other appropriate personnel.

(5) Select members of the Ergonomics Subcommittee based on recommendations from the Installation Medical Authority (IMA) and the IEO.

*b.* The IMA will—

(1) Advise the installation commander on the selection of the IEO from available medical assets or other available installation personnel as appropriate.

(2) Advise the installation commander on appropriate individuals for membership on the Ergonomics Subcommittee.

(3) Ensure that a written installation protocol is developed for the early recognition, evaluation, treatment, and follow-up of WMSDs among military and civilian personnel.

*c.* The IEO is a qualified health or safety professional who has received at least 40 hours of formal ergonomics training. The IEO will—

(1) Chair the Ergonomics Subcommittee and provide an interface between the Ergonomics Subcommittee and the SOHAC.

(2) Develop and implement the installation ergonomics policy and plan, with the assistance of the Ergonomics Subcommittee and approval of the SOHAC.

(3) Ensure Ergonomics Subcommittee members are trained to identify, assess, control, and prevent WMSDs.

(4) Ensure accurate program recordkeeping and periodic evaluation and review of program objectives, and report results of the evaluation to the SOHAC.

*d.* Based on local personnel resources, the Ergonomics Subcommittee may consist of representatives from industrial hygiene; safety; health care (physician, occupational health nurse, occupational and physical therapists, physician's assistant); human resources; tenant activities; and local unions. Advisory members may include representatives from the Directorate of Contracting Support, the Directorate of Public Works, and the Directorate of Logistics. The Ergonomics Subcommittee will oversee and participate in—

(1) Identifying existing and potential WMSDs through workplace analysis that involves both active and passive surveillance.

(2) Setting priorities for abatement of identified WMSDs.

(3) Identifying and implementing corrective actions.

(4) Providing appropriate worker and supervisor training.

(5) Coordinating efforts with medical personnel.

(6) Evaluating effectiveness of corrective actions and documenting the results.

e. Tenant activities will be provided Ergonomics Program support as part of the occupational safety and health services provided by the local installation support agreement. This support extends to all tenant activities. The tenant activity will appoint an Ergonomics Subcommittee representative who may be the occupational safety and health point of contact for the activity. The representative will—

(1) Provide information about problematic work areas to the Ergonomics Subcommittee.

(2) Coordinate and participate in tenant activity work area assessments, solution identification, employee training and education efforts, and health care management.

(3) Brief the tenant activity commander on Ergonomics Program issues, activities and recommendations.

f. The Director of Contracting Support, or equivalent, will ensure the integration of ergonomic considerations and consult with trained ergonomics personnel concerning the purchase of new equipment.

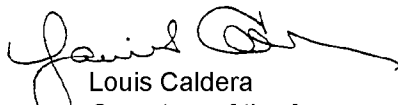
g. The Director of Public Works will integrate ergonomic considerations and consult with trained ergonomics personnel concerning facility modifications and construction.

h. The Director of Logistics will ensure the integration of ergonomic considerations and consult with trained ergonomics personnel concerning the purchase of new equipment.

**8. Reporting.** The chair of the Ergonomics Subcommittee, or a selected representative as appropriate, will—

a. Include results of ergonomic assessments in the Standard Army Safety and Occupational Health Inspection (AR 385-10, para 4-1) and other required regional and local reports.

b. Prepare a semiannual summary of Ergonomics Subcommittee activities for the SOHAC. As a minimum, these summaries should include results of passive surveillance, active surveillance, implemented controls, and effects of controls.



Louis Caldera  
Secretary of the Army

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